Effective October 1, 2003										07	8393	54
7	OTAL CLAIMS	- PART	(Column 2)			SMALL TYPE		OR	OTHE	R THAN ENTITY		
-		, 	./()					RATE	FEE	7	RATE	FEE
-	DA		NUMBER FRED		NUMBER EXTRA			BASIC FE	E 385.0	OR	BASIC FEE	770.00
T	OTAL CHARGE	ABLE CLAIMS	/ / minus 20=		•			X\$ 9=		OR	, X\$18=	
IN	DEPENDENT C	LAIMS .	/ minus 3 =		•			X43=			X86=	
ML	ATIPLE DEPE	NDENT CLAIM P	RESENT						-	OR	V00=	-
• 11	the difference	a in column 1 is	ess than zero, enter "0" in a				-	+145=		OR	+290=	
						XIUMN 2		TOTAL]OR	TOTAL	710-
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	: OR	OTHER	
AMENDMENTA		· CLAIMS REMAINING		HIGH	EST		F	JHIMLE	ADDI-	7	SMALL	
		AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	ADDI- TIONAL FEE
	Total	• 3	Minus	20	Ø ·	• /		X\$ 9=		OR	X\$18=	-15-
	Independent	· /	Minus	*** 3	,		ı	X43=		1 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						t		 	OR		
							L	+145=		OR	+290=	
		(Column 1).			0	10 -4	A	DOIT. FEE	L	JOR ,	DOIT. FEE	
		CLAIMS	<u> </u>	(Colum	ST	(Column 3)	г		400			
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• ./	Minus	2	D	- /		X\$ 9=		OR	X\$18=	1.66
	Independent	• . /	Minus	****	孝.	=/ .	·F	X43=		1 1	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							•		OR	7.002	
	• /									OR	42 9 0=	
							· AE	TOTAL DOIT. FEE	<u> </u>	OR A	TOTAL DOIT, FEE	<u>.</u>
		(Column 1)	-	(Colum Highe		(Column 3)		•				
X		REMAINING AFTER AMENDMENT	-	NUMBI PREVIOU PAID FI	ER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL		RATE-	ADDI- TIONAL
	Total	•	Minus	Ra .		_		X\$ 9=	FEE	· }	V010	FEE
	Independent	•	Minus	***		=	\vdash			OR	X\$18=	
<u> </u>	FIRST PRESE	NTATION OF MU	LTIPLE DEP	IPLE DEPENDENT CL			L	X43=		OR	X86=	
+145= OR +290=												
If the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20. TOTAL ADDIT. FEE OR ADDIT. FEE ADDIT. FEE												
T	um mignest Num he "Highest Numi	nber Previously Paid ber Previously Paid	o rer in THIS For" (Total or	SPACE is l Independent	ess than i) is the h	J. enler "3." ighest number f			opriate box			

Application or Docket Number